

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

BJORN FOR CONGRESS

ADDRESS (number and street)

PO BOX 9059

Check if different
than previously
reported. (ACC)

COLUMBIA

SC

29290

2. FEC IDENTIFICATION NUMBER ▼

C

C00612994

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

SC

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

05

D D /

26

Y Y Y Y /

2016

through

M M /

06

D D /

30

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maria Theresa Reyes

Signature of Treasurer

Maria Theresa Reyes

[Electronically Filed]

Date

M M /

07

D D /

01

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

BJORN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5252.50	22092.79
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5252.50	22092.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5553.22	21878.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5553.22	21878.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	259.73	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	24300.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 26

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BJORN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

1650.00

10412.91

(ii) Unitemized.....

2158.22

8425.60

(iii) TOTAL of contributions from individuals ▶

3808.22

18838.51

(b) Political Party Committees.....

500.00

1500.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

944.28

1754.28

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

5252.50

22092.79

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

100.00

100.00

16. TOTAL RECEIPTS (add Lines**11(e), 12, 13(c), 14, and 15)****(Carry Total to Line 24, page 4)..... ▶**

5352.50

22192.79

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 26

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5553.22	21878.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	25.00	55.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5578.22	21933.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	485.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5352.50
25. SUBTOTAL (add Line 23 and Line 24).....	5837.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5578.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	259.73

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 26

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STUART & ARLENE ANDREWS

Mailing Address 120 MIDDLEFIELD LANE

City

BLYTHEWOOD

State

SC

Zip Code

29016

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 26 / 2016

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

6725.47

Date of Receipt

M M / D D / Y Y Y Y
06 / 26 / 2016

Transaction ID : SA11AI.4897.0

Amount of Each Receipt this Period

300.00

☒ Memo Item

EAR MARKED CONDUIT

Full Name (Last, First, Middle Initial)

C. Dorothea Butts

Mailing Address 235 River Creek Dr

City

Irmo

State

SC

Zip Code

29063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

270.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 26 / 2016

Transaction ID : SA11AI.4902

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ACTBLUE**A.**

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5778.47

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2016

Transaction ID : SA11AI.4902.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

EAR MARKED CONDUIT

Full Name (Last, First, Middle Initial)

MICHELLE EDGAR**B.**

Mailing Address 24 STONE MARKET ROAD

City

COLUMBIA

State

SC

Zip Code

29212

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

UNIVERSITY OF SOUTH CAROLINA

RESEARCH ANALYST

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2016

Transaction ID : SA11AI.4910

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ACTBLUE**C.**

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

6375.47

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2016

Transaction ID : SA11AI.4910.0

Amount of Each Receipt this Period

200.00

☒ Memo Item

EAR MRKED CONDUIT

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MICHELLE EDGAR

A.

Mailing Address 24 STONE MARKET ROAD

City

COLUMBIA

State

SC

Zip Code

29212

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF SOUTH CAROLINA

Occupation

RESEARCH ANALYST

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

270.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 26 / 2016

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ACTBLUE

B.

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

6425.47

Date of Receipt

M M / D D / Y Y Y Y
06 / 26 / 2016

Transaction ID : SA11AI.4927.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

EAR MARKED CONDUIT

Full Name (Last, First, Middle Initial)

JIM MANNING

C.

Mailing Address 4531 BRIARFIELD RD

City

FOREST ACRES

State

SC

Zip Code

29206

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALSS

Occupation

SOCIAL WORKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 11 / 2016

Transaction ID : SA11AI.4865

Amount of Each Receipt this Period

300.00

☐ Memo Item

In-kind - FISH FRY CATERER

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mitchell Nimmich

Mailing Address 216 Shoal Wood Dr

City

Lexington

State

SC

Zip Code

29072

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEXINGTON MEDICAL CENTER

Occupation

physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		26		2016

Transaction ID : SA11AI.4803

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4303.03

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		26		2016

Transaction ID : SA11AI.4803.0

Amount of Each Receipt this Period

200.00

☒ Memo Item

EAR MARKED CONDUIT

Full Name (Last, First, Middle Initial)

C. Mitchell Nimmich

Mailing Address 216 Shoal Wood Dr

City

Lexington

State

SC

Zip Code

29072

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEXINGTON MEDICAL CENTER

Occupation

physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2016

Transaction ID : SA11AI.4794

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4921.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2016

Transaction ID : SA11AI.4794.0

Amount of Each Receipt this Period

150.00

☒ Memo Item

EAR MARKED CONDUIT

Full Name (Last, First, Middle Initial)

Mitchell Nimmich

B.

Mailing Address 216 Shoal Wood Dr

City

Lexington

State

SC

Zip Code

29072

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEXINGTON MEDICAL CENTER

Occupation

physician

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2016

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ACTBLUE

C.

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

6028.47

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2016

Transaction ID : SA11AI.4909.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

EAR MARKED CONDUIT

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Michael Randall

Mailing Address 313 River Walk Drive

City

Simpsonville

State

SC

Zip Code

29681

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALMEGACY LLC

Occupation

VP Consulting

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		29		2016

Transaction ID : SA11AI.4800

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4730.07

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		29		2016

Transaction ID : SA11AI.4800.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

EAR MARKED CONDUIT

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

100.00

1650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 26

☐ 11a ☒ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

DEMOCRATIC PARTY OF SOUTH CAROLINA

A.

Mailing Address PO BOX 5965

City

COLUMBIA

State

SC

Zip Code

29250

FEC ID number of contributing
federal political committee.

C C00007658

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y
06 12 2016

Transaction ID : SA11B.4893

Amount of Each Receipt this Period

500.00

☐ Memo Item

In-kind - PRINTING

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 26

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1932.91

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		26		2016

Transaction ID : SA11D.4999

Amount of Each Receipt this Period

25.00

☐ Memo ItemIn-kind - LCG PHOTOGRAPHY SCDP EVENT
PHOTOS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1963.67

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2016

Transaction ID : SA11D.5002

Amount of Each Receipt this Period

30.76

☐ Memo Item

In-kind - KRISPY KREME FOOD FOR EVENT

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1972.39

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		04		2016

Transaction ID : SA11D.5004

Amount of Each Receipt this Period

8.72

☐ Memo Item

In-kind - LAKESIDE GRILE- FOOD FOR EVENT

SUBTOTAL of Receipts This Page (optional).....

64.48

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 26

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2015.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		04		2016

Transaction ID : SA11D.5006

Amount of Each Receipt this Period

43.60

☐ Memo Item

In-kind - FOOD FOR MEET AND GREET LAKESIDE GRILLE

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2048.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		04		2016

Transaction ID : SA11D.5008

Amount of Each Receipt this Period

32.41

☐ Memo Item

In-kind - PIGGLY WIGGLY GAS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.**C** H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2110.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2016

Transaction ID : SA11D.5013

Amount of Each Receipt this Period

62.00

☐ Memo Item

In-kind - KELLY'S FOOD FOR EVENT

SUBTOTAL of Receipts This Page (optional).....

138.01

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 26

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2162.31

Date of Receipt

06 / **05** / **2016**

Transaction ID : SA11D.5015

Amount of Each Receipt this Period

51.91

☐ Memo Item

In-kind - PUBLIX FOOD FOR EVENT

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2588.91

Date of Receipt

06 / **07** / **2016**

Transaction ID : SA11D.5017

Amount of Each Receipt this Period

426.60

☐ Memo Item

In-kind - REGAL PRINTS SIGN

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2640.06

Date of Receipt

06 / **10** / **2016**

Transaction ID : SA11D.5019

Amount of Each Receipt this Period

51.15

☐ Memo Item

In-kind - DESHAWN'S FOOD FOR EVENT

SUBTOTAL of Receipts This Page (optional).....

529.66

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 26

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2689.05

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2016

Transaction ID : SA11D.5021

Amount of Each Receipt this Period

48.99

☐ Memo Item

In-kind - TARGET INK

Full Name (Last, First, Middle Initial)

ARIK BJORN

Mailing Address PO BOX 9059

City

COLUMBIA

State

SC

Zip Code

29290

FEC ID number of contributing
federal political committee.

C H6SC02100

Name of Employer

RICHLAND COUNTY PUBLIC LIBRARY

Occupation

LIBRARIAN

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2852.19

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11D.5011

Amount of Each Receipt this Period

163.14

☐ Memo Item

In-kind - FACEBOOK- ADS

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

212.13

TOTAL This Period (last page this line number only).....

944.28

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2016

City	State	Zip Code
SOMERVILLE	MA	02144

Amount of Each Disbursement this Period

Purpose of Disbursement
FEE

30.16

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.5032

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

City	State	Zip Code
SOMERVILLE	MA	02144

Amount of Each Disbursement this Period

Purpose of Disbursement
FEE

6.33

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.5031

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address P.O. BOX 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

City	State	Zip Code
SOMERVILLE	MA	02144

Amount of Each Disbursement this Period

Purpose of Disbursement
FEE

5.94

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.5030

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30.16

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2016

City	State	Zip Code
SOMERVILLE	MA	02144

Amount of Each Disbursement this Period

1.40

Purpose of Disbursement
FEECategory/
Type☐ Memo Item

Transaction ID : SB17.5029

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2016

City	State	Zip Code
SOMERVILLE	MA	02144

Amount of Each Disbursement this Period

4.38

Purpose of Disbursement
FEECategory/
Type☐ Memo Item

Transaction ID : SB17.5028

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address P.O. BOX 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2016

City	State	Zip Code
SOMERVILLE	MA	02144

Amount of Each Disbursement this Period

51.53

Purpose of Disbursement
FEECategory/
Type☐ Memo Item

Transaction ID : SB17.5027

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

57.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
In-kind - LCG PHOTOGRAPHY SCDP EVENT PHOTOSCategory/
Type☐ Memo Item

Transaction ID : SB17.5001

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: SC District: 02

Full Name (Last, First, Middle Initial)

B. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

30.76

Purpose of Disbursement
In-kind - KRISPY KREME FOOD FOR EVENTCategory/
Type☐ Memo Item

Transaction ID : SB17.5003

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: SC District: 02

Full Name (Last, First, Middle Initial)

C. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

8.72

Purpose of Disbursement
In-kind - LAKESIDE GRILE- FOOD FOR EVENTCategory/
Type☐ Memo Item

Transaction ID : SB17.5005

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: SC District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

64.48

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARIK BJORN

Mailing Address PO BOX 9059

City	State	Zip Code
COLUMBIA	SC	29290

Purpose of Disbursement
In-kind - FOOD FOR MEET AND GREET LAKESIDE GRILLE

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: SC District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2016

Amount of Each Disbursement this Period

43.60

☐ Memo Item

Transaction ID : SB17.5007

B. ARIK BJORN

Mailing Address PO BOX 9059

City	State	Zip Code
COLUMBIA	SC	29290

Purpose of Disbursement
In-kind - PIGGLY WIGGLY GAS

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: SC District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2016

Amount of Each Disbursement this Period

32.41

☐ Memo Item

Transaction ID : SB17.5009

C. ARIK BJORN

Mailing Address PO BOX 9059

City	State	Zip Code
COLUMBIA	SC	29290

Purpose of Disbursement
In-kind - KELLY'S FOOD FOR EVENT

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: SC District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2016

Amount of Each Disbursement this Period

62.00

☐ Memo Item

Transaction ID : SB17.5014

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

138.01

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

51.91

Purpose of Disbursement
In-kind - PUBLIX FOOD FOR EVENTCategory/
Type☐ Memo Item

Transaction ID : SB17.5016

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: SC District: 02

Full Name (Last, First, Middle Initial)

B. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

426.60

Purpose of Disbursement
In-kind - REGAL PRINTS SIGNCategory/
Type☐ Memo Item

Transaction ID : SB17.5018

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: SC District: 02

Full Name (Last, First, Middle Initial)

C. ARIK BJORN

Mailing Address PO BOX 9059

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

City	State	Zip Code
COLUMBIA	SC	29290

Amount of Each Disbursement this Period

51.15

Purpose of Disbursement
In-kind - DESHAWN'S FOOD FOR EVENTCategory/
Type☐ Memo Item

Transaction ID : SB17.5020

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: SC District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

529.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARIK BJORN

Mailing Address PO BOX 9059

City	State	Zip Code
COLUMBIA	SC	29290

Purpose of Disbursement
In-kind - TARGET INK

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: SC	District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 12 / 2016

Amount of Each Disbursement this Period

48.99

☐ Memo Item

Transaction ID : SB17.5022

B. ARIK BJORN

Mailing Address PO BOX 9059

City	State	Zip Code
COLUMBIA	SC	29290

Purpose of Disbursement
In-kind - FACEBOOK- ADS

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: SC	District: 02

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2016

Amount of Each Disbursement this Period

163.14

☐ Memo Item

Transaction ID : SB17.5012

C. DEMOCRATIC PARTY OF SOUTH CAROLINA

Mailing Address PO BOX 5965

City	State	Zip Code
COLUMBIA	SC	29250

Purpose of Disbursement
In-kind - PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 12 / 2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.4894

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

712.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC PARTY OF SOUTH CAROLINA

Mailing Address PO BOX 5965

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

City	State	Zip Code
COLUMBIA	SC	29250

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
VAN DEPOSITCategory/
Type☐ Memo Item

Transaction ID : SB17.4892

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. JIM MANNING

Mailing Address 4531 BRIARFIELD RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2016

City	State	Zip Code
FOREST ACRES	SC	29206

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
In-kind - FISH FRY CATERERCategory/
Type☐ Memo Item

Transaction ID : SB17.4866

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. LAWRENCE MOORE

Mailing Address 109 TILTING ROCK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

City	State	Zip Code
HOPKINS	SC	29061

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
SALARYCategory/
Type☐ Memo Item

Transaction ID : SB17.4891

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

950.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LAWRENCE MOORE

Mailing Address 109 TILTING ROCK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

City	State	Zip Code
HOPKINS	SC	29061

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
SALARYCategory/
Type☐ Memo Item

Transaction ID : SB17.4889

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. LAWRENCE MOORE

Mailing Address 109 TILTING ROCK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

City	State	Zip Code
HOPKINS	SC	29061

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
SALARYCategory/
Type☐ Memo Item

Transaction ID : SB17.4885

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. LAWRENCE MOORE

Mailing Address 109 TILTING ROCK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

City	State	Zip Code
HOPKINS	SC	29061

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
SALARYCategory/
Type☐ Memo Item

Transaction ID : SB17.4883

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1800.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LAWRENCE MOORE

Mailing Address 109 TILTING ROCK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

City	State	Zip Code
HOPKINS	SC	29061

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
SALARYCategory/
Type☐ Memo Item

Transaction ID : SB17.4890

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Maria Theresa Reyes

Mailing Address 216 Seton Hall Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

City	State	Zip Code
Columbia	SC	29223

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
SALARYCategory/
Type☐ Memo Item

Transaction ID : SB17.4884

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

5281.75

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LAWRENCE MOORE

Nature of Debt (Purpose):

SALARY

Mailing Address 109 TILTING ROCK DRIVE

City State

Zip Code

HOPKINS**SC****29061**

Outstanding Balance Beginning This Period

10000.00**Transaction ID : SD10.4744**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LAWRENCE MOORE

Nature of Debt (Purpose):

SALARY

Mailing Address 109 TILTING ROCK DRIVE

City State

Zip Code

HOPKINS**SC****29061**

Outstanding Balance Beginning This Period

0.00**Transaction ID : SD10.4895**

Amount Incurred This Period

4300.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4300.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Maria Theresa Reyes

Nature of Debt (Purpose):

SALARY

Mailing Address 216 Seton Hall Dr

City

State

Zip Code

Columbia**SC****29223**

Outstanding Balance Beginning This Period

5500.00**Transaction ID : SD10.4745**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5500.001) **SUBTOTALS** This Period This Page (optional) ▶**19800.00**2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BJORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Maria Theresa ReyesNature of Debt (Purpose):
SALARY

Mailing Address 216 Seton Hall Dr

City State

Zip Code

Columbia

SC

29223

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4896

Amount Incurred This Period

4500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ►

4500.00

2) **TOTALS** This Period (last page this line number only) ►

24300.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

24300.00